PART B - FEE(S) TRANSMITTAL

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27916		2/2009			Cer	tificate	of Mailing or Trans			
VERTEX PHARMACEUTICALS INC. 130 WAVERLY STREET CAMBRIDGE, MA 02139-4242					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
			[(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	ГOR	ATTC		ITORNEY DOCKET NO.		ONFIRMATION NO.	
10/609,147 TITLE OF INVENTION	06/27/2003 I: CASPASE INHIBITO	RS AND USES THEREC	Ronald Knegtel DF			V	PI/02-110 US		6705	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEI		TOTAL FEE(S) DUE	\top	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810		05/12/2009	
	EXAMINER		CLASS-SUBCLASS							
WARD, PAUL V		1624	546-141000							
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED C			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE DATEST (in the content of the co							
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI VERTEX PHARI	less an assignee is ident th in 37 CFR 3.11. Com GNEE MACEUTICALS INC	tified below, no assignee pletion of this form is NO	data will appear on th T a substitute for filing (B) RESIDENCE: (C. CAMBRIDGE,	e pat an as ITY a	tent. If an assignossignment. and STATE OR C	OUNT S	RY)			
Please check the appropr	riate assignee category or	r categories (will not be pr	rinted on the patent):	L	Individual 🖺 Co	orporati	on or other private gr	oup e	ntity Government	
4a. The following fee(s)	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500725 (enclose an extra copy of this form).									
	ns SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no							
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Authorized Signature	/Jennifer G.	Che/			DateM	ay 12	2, 2009			
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an application. Confident submitting the complete this form and/or suggest	tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DO	CFR 1.311. The information U.S.C. 122 and 37 CFR to USPTO. Time will varyurden, should be sent to the DONOT SEND FEES OR	1.14. This collection is depending upon the in Chief Information Of	s estir ndivid fficer.	mated to take 12 r dual case. Any co , U.S. Patent and	ninutes mments Tradem	to complete, including on the amount of the tark Office, U.S. Dep	ng gat me yo artme	thering, preparing, and ou require to complete ent of Commerce, P.O.	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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